Name in Full Julia Bailey

Certificate of Death

Died at Town Kent Island County Queen Annes MARYLAND

Date 1901 Month April Day 14 | Age Y. M. D. 14 | Native of | Occupation none

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~[illegible]~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Chas Bailey

Mother's Maiden Name Leena Nick

Cause of Death Primary Paralyze 66

Immediate

How long sick 14 days

~~Accident, Suicide, Homicide~~

Reported by Chas Bailey its Father

Address Kent Island Queen Annes Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mary Barney

Certificate of Death

Died at Town Centreville County Q. A. Co MARYLAND

Date ~~190~~ 1901 Month Apr Day 12 Age Y. 79 M. – D. – Native of Md Occupation ——

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living Five

~~Husband~~ of Jacob Barney
Wife

Father's Name Rid Satter Mother's Name ?

Cause of Death: Primary Age 66 How long sick a few days

Immediate Paralysis ~~Accident Suicide Homicide~~

Reported by Dr H. L. D. Tong

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full Deborah A. Baynard

Certificate of Death

Died at Town Templeville County Q. A. MARYLAND

Date 1901 Month 4 Day 21 | Age Y. 69 M. D. | Native of Md | Occupation Lady

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary Epilepsy 69
Immediate

How long sick 3 hours

Accident, Suicide, Homicide

Reported by J. E. Graham M. D.

Address Ingleside Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Deborah A. Baynard

Certificate of Death

Died Town Near Templeville County Q. A. MARYLAND

Date 19 07 Month 4 Day 21 | Age Y. 69 M. D. | Native of Md | Occupation Lady

~~Male~~ Female | White Colored | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death — Primary
Cause of Death — Immediate: Epilepsy

69

How long sick: 3 hours

Accident, Suicide, Homicide

Reported by J. E. Graham M.D.

Address Ingleside Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full Julia Bishop Certificate of Death

Died at Near Centreville Town County Q. A. Co., MARYLAND

Date 1901 Month 4 Day 29. Age Y. M. D. 7 Native of — Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Risdon Bishop Mother's Maiden Name Anna Draper

Cause of Death Primary Premature birth 158 How long sick 7 days

Immediate Heart failure Accident, Suicide, Homicide

Reported by Jas. B. Bradley,

Address Centreville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mimus C Breeding Certificate of Death

Died near Stap Town Queen Anne County MARYLAND

Date 1901 Month 4 - Day 17 - Age Y. M. D. 48 yrs - Native of Md. Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband / Wife of Helen Hollingsworth

Father's Name Mother's Name

Cause of Death: Primary Catarrhal Pneumonia How long sick 8 weeks

Immediate Phthisis 27

~~Accident~~, Suicide, Homicide

Reported by Robley Hackett M.D.

Address Queen Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full **Ellen Bryan** — Certificate of Death

Died at (Town) **Kent Island** (County) **Queen Anne** — MARYLAND

Date 19**01** Month **Apr.** Day **24** | Age Y. **56** M. D. | Native of **Kent Isld.** | Occupation **House wife**

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living **2**

~~Husband~~ Wife of **Lemuel Bryan**

Father's Name **Henry Legg** — Mother's Maiden Name **Ann Benton**

Cause of Death — Primary **Cancer 45** — How long sick **6 mos.**

Immediate **Pneumonia** — Accident, Suicide, Homicide

Reported by **Dr. J. R. Benton**

Address **Kent Island Md.**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Stanford J. Bunch — Certificate of Death

Died at Kent Island — County Queen Annes — MARYLAND

Date 1901 — Month April — Day 4 — Age Y. — M. 2 — D. 18 — Native of Md — Occupation —

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of —

Father's Name Geo T. Bunch — Mother's Name Augusta O. Walker

Cause of Death — Primary: Marasmus — How long sick: about 2 mo

Immediate: Exhaustion 105a — ~~Accident~~, ~~Suicide, Homicide~~

Reported by Percy Kemp, M.D.

Address Kent Island Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73909

Name in Full Louisa Butler

Certificate of Death

Died at Town Kent Island County Queen Annes, MARYLAND

Date 1901 Month April Day 1[illegible] | Age Y. 22 M. D. | Native of Md | Occupation [illegible]

~~Male~~ Female | White Colored | Married Single | Widow Widower | Divorced Number of children living

~~Husband~~ Wife of Edward Butler

Father's Name Robert Mason | Mother's Maiden Name Kittie Bennett

Cause of Death

Primary Pulmonary Tuberculosis | How long sick 2 months

Immediate Exhaustion 27 | ~~Accident, Suicide, Homicide~~

Reported by C Percy Kemp Dr

Address Kent Island Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Certificate of Death

Perzey Butler

Died at Town Kent Island County Queen Anne ~~s~~ MARYLAND

Date 19 01 Month April Day 15 Age Y. 10 M. D. Native of ~~Occupation~~

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~ L. H. Martin

Father's Name Edward Butler ~~Butler~~ Mother's Maiden Name Leurenia Mason

Cause of Death Primary Consumption How long sick 1 week

Immediate Exhaustion 27

~~Accident, Suicide, Homicide~~

Reported by Edward Butler its Father

Address Kent Island 2 A Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Ada Elizebeth Clark

Died at — Town: Kent Island — County: Queen Annes — MARYLAND

Date 1901 — Month: April — Day: 11 — Age: Y. M. D. 7 — Native of: Md — Occupation: none

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: Wm B Clark — Mother's Maiden Name: Julia A Gimes

Cause of Death — Primary: Spasm of the — Immediate: 71 — How long sick: One day — Accident, Suicide, Homicide

Reported by: Wm B Clark its Father

Address: Kent Island Queen Annes Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Jno Clark

Certificate of Death

Died at Town Church Hill County Q. A. Co MARYLAND

Date 1901 Month 4 Day 29 | Age Y. 19, M. 1 D. | Native of Md | Occupation —

Male / White / ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Jno H. Clark Mother's Maiden Name Sarah C. Clark

Cause of Death — Primary: Tuberculosis | How long sick

Immediate: 27 | Accident, Suicide, Homicide

Reported by J. C. Dudley M.D.

Address Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full John Ellis Conyer

Certificate of Death

Died at (Town) Prices Station (County) Queen Annes Co. MARYLAND

Date ~~189~~ 1901 Month April Day 19 Age Y. 3 M. 8 D. — Native of American Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband / Wife of —

Father's Name John Conyer Mother's Name Rachel Conyer

Cause of Death: Primary Whooping Cough How long sick 1 week

Immediate Exhaustion ~~Accident~~, Suicide, ~~Homicide~~

Reported by Wm. G. Coppage M.D.

Address Church Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 55262

Name in Full Certificate of Death

Noble Conyer

Died at Town Prices Station County Q. A. Co MARYLAND

Date 1901	Month April	Day 17	Age Y. 1 M. 6 D. —	~~Native of~~ American	Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

~~Husband~~ of — —
Wife

Father's Name John T. Conyer Mother's Name Rachel Conyer

Cause of Death { Primary Whooping Cough How long sick 3 weeks
Immediate Exaustion

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm G. Coppage M.D.

Address Church Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65668

Name In Full Elsie L. Dadds

Certificate of Death

Died at Town Hope County Queen Anne MARYLAND

Date 1901 Month 4 Day 7 Age Y. 9 M. 3 D. Native of Md Occupation nursing

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Ezekiel Dadds Mother's Maiden Name Sallie Skinner

Cause of Death

Primary Dont Know 90

Immediate Dont Know I pronounced this child without seeing it 3 days before its death for what was represented to be Acute Bronchitis.

How long sick 5 or 6 days

~~Accident, Suicide, Homicide~~

Reported by J M Crookran MD

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

William Raymond DeCoursey.

Died at ~~Town~~ County: Country, near Wye - Queen Anne's — MARYLAND

Date	Month	Day	Age (Y. M. D.)	Native of	Occupation
1901	April	27	4-10-25	Md.	

Male — ~~White~~ Colored — ~~Married~~ ~~Widow~~ Divorced

~~Female~~ — ~~Single~~ Widower — Number of children living

Husband / Wife of

Father's Name: Solomon DeCoursey.

Mother's Maiden Name: Susan Rivers.

Cause of Death:
- Primary: Typhoid fever — 1
- Immediate: Acute Bright's disease.

How long sick: 2 weeks

Accident, Suicide, Homicide

Reported by: William Brauer M.D.

Address: Wye Mills — Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full **Certificate of Death**

Annah V Duncan

Died at (Town) Church Hill (County) Q. A. Co. MARYLAND

Date ~~189~~ 1901 (Month) April (Day) 1st | Age (Y.) 59 (M.) 5 (D.) 15 | Native of American | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Eight

~~Husband~~ Wife of John A. Duncan

Father's Name Albert Miller | Mother's Name Margil Miller

Cause of Death:
- Primary: Pneumonia
- Immediate: Exaustion

How long sick: Eight days.

~~Accident, Suicide, Homicide~~

Reported by Wm G. Coppage M.D.

Address Church Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU ...

Name in Full Ada E. Ellert

Certificate of Death

Died at (Town) Burkes Mill (County) Q. A. Co MARYLAND

Date ~~189~~ 1901 (Month) Apr (Day) 15th Age (Y.) 7 (M.) (D.) Native of Occupation

~~Male~~ / White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Benj F. Ellert Mother's Name S. Ellert

Cause of Death — Primary: Diphtheria 9a

Cause of Death — Immediate: Exhaustion

How long sick 14 days

Accident, Suicide, Homicide

Reported by S. B. G. Weedon

Address Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full John Furrell Certificate of Death

Died at Town Sudlersville County Queens Co

MARYLAND

Date 19 17 Month April Day 24 | Age Y. 68 M. 8 D. 13 | Native of Maryland | Occupation Labour

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife

Father's Name Mother's Maiden Name

Cause of Death Primary Paralisis 66 | How long sick 4 years

Immediate | Accident, Suicide, Homicide

Reported by Jos H Stafford

Address undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79-98

Name In Full David Albert Gardner

Certificate of Death

Died at Town Kent Island County Queen Anne's MARYLAND

Date 1901 Month April Day 17 | Age Y. 50 M. 1 D. 29 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living one

Husband ~~Wife~~ of Bessie E. Johnson

Father's Name David A Gardner | Mother's Name Mary A Goodman

Cause of Death | Primary Chronic Dysentery | How long sick 5 yrs. to my knowledge

Immediate Exhaustion 106 | ~~Accident, Suicide, Homicide~~

Reported by C. Percy Kemp, M. D.

Address Kent Island Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Howard Gross

Certificate of Death

Died: near Queenstown (Town), Queen Anne (County), MARYLAND

Date: 1901, Month 4, Day 29

Age: 22 (Y. M. D.)

Native of: Md

Occupation: Laborer

Male ~~Female~~

~~White~~ Colored

Married ~~Single~~

~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Number of children living~~ none

Husband ~~Wife~~ of: Annie Gross

Father's Name: Thos Gross

Mother's Maiden Name: Annie Gross

Cause of Death:

- Primary: Grip 10
- Immediate: Mastoid abscess

How long sick: 5 m 6 wks

Accident, Suicide, Homicide

Reported by: J. M. Corkran

Address: Queen Anne Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Henry Handy

Certificate of Death

Died at Town: Star County: Queen Anne Co. MARYLAND

Date 1901 Month: April Day: 10 | Age Y. 48 M. 11 D. 25 | Native of Md | Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ of Wife Elizabeth Thomas

Father's Name Henry Handy Mother's Maiden Name Harriot Wilmer

Cause of Death

- Primary Fattie Degeneration of Heart
- Immediate Heart Failure

How long sick 2 weeks in all but final attack 1½ hours

Accident, Suicide, Homicide

86

Reported by Walter H. Fenby

Address Ruthsburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Annie Elizebeth Hardisty

Certificate of Death

Died at — Town: Sudlersville — County: Queen Annes. — MARYLAND

Date 1901 — Month: April — Day: 5th — Age: Y. 14 — M. 5 — D. 5 — Native of: Maryland — Occupation: None

Male: no — White: yes — Married: no — Widow: no — Divorced: no

Female: yes — Colored: no — Single: yes — Widower: no — Number of children living: none

Husband / Wife of: —

Father's Name: F. N. Hardisty — Mother's Maiden Name: S. O. Skinner

Cause of Death — Primary: Typhoid Fever — How long sick: 2 mo - 26 da.

Immediate: " " " — Accident, Suicide, Homicide

Reported by: Foster Sudler

Address: Sudlersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Certificate of Death

Thos. Oliver Harkless.

Died at Town: Catlin County: Queen Anne MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1901	apr.	26		–	10 –	2	Q. A. Co.	—

Male / ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Wife —

Father's Name Daniel Harkless Mother's Maiden Name Henrietta Johnston

Cause of Death: Primary Whooping Cough. How long sick About 1 mo.

Immediate Pneumonia Accident, Suicide, Homicide

Reported by H Benge Simmons M.D. saw child once during sickness – day before death

Address Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full **Howard Hicks** — Certificate of Death

Died at: Town **Near Millington** — County **Q. A.** — MARYLAND

Date 189 **1901 April 3** (Month, Day)

Age: ~~Y.~~ M. D. **1–10**

Native of **Md**

Occupation: ——

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~

~~Husband of Wife~~

8

Father's Name **Howard Hicks**

Mother's Name **Mary M Hicks**

Cause of Death:
- Primary **Whooping cough**
- Immediate

How long sick **8 days**

~~Accident Suicide Homicide~~

Reported by **Dr W H Jacobs**

Address **Millington Md**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

this child Died in Queen anns and was interred in Kent

Permit issued by Geo. C. Townsend, to inter Dpt Reg of the first District Kent co md

Name in Full — J. Douglass Johnson

Certificate of Death

Died at — Town: Kent Island — County: Queen Anne's — MARYLAND

Date 1901 — Month: Apr — Day: 23

Age — Y.: 30 — M.: – — D.: –

Native of: Md

Occupation: Oysterman

Male ~~Female~~ — ~~White~~ Colored — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: none

Husband ~~Wife~~ of: Mary Dunn

Father's Name: Chas. Johnson

Mother's Name: Georgina Melley

Cause of Death — Primary: Gun shot wound

Cause of Death — Immediate: Hemorrhage

How long sick: —

Accident, ~~Suicide, Homicide~~

166

Reported by: C. Percy Kemp. M.D.

Address: Kent Island Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Certificate of Death

Name in Full: Sarah C. Knight

Died at: Town: Near Centreville — County: Q. A. — MARYLAND

Date: 1901 — Month: 4 — Day: 24 — Age: Y. 73, M. 3, D. 15 — Native of: New Jersey — Occupation: Housewife

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number of children living: 1

Husband / Wife of: David L. Knight

Father's Name: Seneca Sinnickson — Mother's Maiden Name: Ruth Brewer

Cause of Death:
- Primary: Arterio-sclerosis 64 — How long sick: 10 months
- Immediate: Cerebral Hemorrhage — Accident, Suicide, Homicide

Reported by: Jas Bordley

Address: Centreville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Robert L. Nickerson

	Town	County	
Died at	Barclay	Q. A. Co	MARYLAND

Date	Month / Day	Age (Y. M. D.)	Native of	Occupation
1901 (printed: 189)	April 28	4 . 8 . 27		

Male	White	~~Married~~	Widow	Divorced
~~Female~~	~~Colored~~	Single	~~Widower~~	~~Number of children living~~

~~Husband~~ of Wife

Father's Name: L. G. Nickerson

Mother's Name: Annie L. Nickerson

Cause of Death
- Primary: Meningitis, Previous had chronic dysentery & measles
- Immediate: Convulsions

How long sick: 7 mo. 7 days

~~Accident, Suicide, Homicide~~

Reported by: J. H. Weedon 61

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mary Perry

Died at (Town) Near Carmichael (County) Queen Anne MARYLAND

Date	Month	Day	Age Y.	M.	D.	Native of	Occupation
1901	4	19	14			Md	Cook

~~Male~~ ~~White~~ ~~Married~~ Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name: Joseph Perry

Mother's Maiden Name: Louiza Perry

Cause of Death

- Primary: Tuberculosis 27
- Immediate: Peritonitis

How long sick

Accident, Suicide, Homicide

Reported by Howard R. Hopkins

Address Queenstown,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Md.

LIBRARY BUREAU, 79893

Certificate of Death

Name in Full: Robt B Perry

Died at: Town near Queenstown — County Queen Anne — MARYLAND

Date 1901 — Month 4 — Day 14

Age Y. M. D.: 42

Native of: Md

Occupation: merchant

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower

Number of children living: 6

Husband of Wife: —

Father's Name:

Mother's Maiden Name:

Cause of Death:

- Primary: Cirrhosis of the Liver
- Immediate: Effusion 112

How long sick: 2 or 3 yrs

Accident, Suicide, Homicide

Reported by: J W Workman M.D.

Address: Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Adelaine Pierce

Certificate of Death

Died at — Town: Kent Island — County: Queen Anne's — MARYLAND

Date 1901 — Month: Apr — Day: 16

Age 49 — Y. — M. — D.

Native of Md

Occupation Housewife

~~Male~~ Female

~~White~~ Colored

Married ~~Single~~

~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 7

~~Husband~~ ~~Wife~~ of Perry Pierce

Father's Name Perry Robinson

Mother's Name Lizzie

Cause of Death — Primary: Chronic Bronchitis & Dilated Heart

How long sick 3 yrs

Immediate: Exhaustion 91

~~Accident~~, Suicide, Homicide

Reported by C. Perry Kemp M.D.

Address Kent Island Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79868

Name in Full **Certificate of Death**

Edward Clay Pinder

Died at Town Ruthsburg County Queen Anne MARYLAND

Date 1901 Month April Day 1 | Age Y. 8 M. 5 D. | Native of Queen Anne Co. | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Henry Clay Pinder Mother's Maiden Name Mary Cole

Cause of Death
- Primary: Bronchitis 90
- Immediate: Exaustion

How long sick: two weeks

~~Accident, Suicide, Homicide~~

Reported by Walter H Fenby M.D.

Address Ruthsburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Died at Town McGinnes County Queen Ann MARYLAND

Date 1901 Month April Day 19 Age Y. M. D. Native of Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

Husband ~~Wife~~ of

Father's Name Eveard Potts Mother's Name Harrt Washington

Cause of Death: Primary — How long sick

Immediate: Still born — Accident, Suicide, Homicide

Reported by William J. Miller Undertaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 23560

Name in Full Certificate of Death

Clara Ella Price

Died near Town Ingleside County Queen Anne MARYLAND

Date	Month	Day	Age Y.	M.	D.	Native of	Occupation
1901	4	14	6	–	–	Md	/

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Numb~~er of children living~~

Husband / Wife of —

Father's Name George Price Mother's Name Mary Price

Cause of Death: Primary Measles 6 How long sick 1 wk

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by James E. Freeley MD

Address Templeville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full **Charles Ringold** — Certificate of Death

Died at — Town: **Kent Island** — County: **Queen Annes** — MARYLAND

Date 19**01** — Month/Day: **April 29** — Age (Y. M. D.): **75** — Native of: — Occupation: **Seaboor**

Male — ~~White~~ — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — Number of children living **5**

Husband / Wife of **Reachael Rideout** — **154**

Father's Name **Dont Know** — Mother's Maiden Name **Dond Know**

Cause of Death — Primary: **Old age wornout** — How long sick: **several yrs**

Immediate: **been failing sometime** — ~~Accident, Suicide, Homicide~~

Reported by **Frank E. Thomas undertaker**

Address **Kent Island Q A Co Md**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Ful | Certificate of Death

Mary Gertrude Stansbury

Died ~~at~~ in — Town: Barclay — County: Queen Anne — MARYLAND

Date 19[illegible]1 — Month: 4 — Day: 20 — Age: Y. 20 M. x D. x — Native of: Md — Occupation: Home Girl

~~Male~~ — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

Female — Colored — Single — Widower — Num~~ber of children~~ living

Husband of Wife ——

Father's Name: James Stansbury — Mother's Name: Augusta Elliott

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 1 Yr

Immediate: Exhaustion 27 — Accident, Suicide, Homicide

Reported by: Jas. E. Greeley M.D.

Address: Templeville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full James Edward Folson

Certificate of Death

Died at Town Kent Island County Queen Anne's MARYLAND

Date 1901 Month April Day 6 | Age Y. M. D. 76 yrs. | Native of Kent Isl. | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Victoria Folson

Father's Name James Folson

Mother's Name Ann Folson

Cause of Death Primary Intestinal Obstruction | How long sick 3 days

Immediate Exhaustion, 108 | ~~Accident, Suicide, Homicide~~

Reported by C. Percy Kemp, M.D.

Address Kent Island Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU [illegible]

Attended by Dr. ____________________

of ____________________

Seen by Coroner ____________________

of ____________________

Information contained in this certificate received from ____________________

of ____________________

Name in Full — John Alfred Turner

Certificate of Death

Died at — Town: Near Barclay — County: Q. A. Co — MARYLAND

Date 1911 — Month: April — Day: 16th — Age: Y. 61 — M. – — D. –

Native of

Occupation

Male — ~~White~~ — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — Number of children living: 1

Husband / ~~Wife~~ of — Martha Ann Turner

Father's Name

Mother's Name — 79

Cause of Death — Primary: Fatty degeneration of heart — How long sick: 4 mo

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by — H. H. G. Meddows

Address — Church Hill, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

Died at Town Queenstown County Queen Anne MARYLAND

Date ~~180~~ 1901 Month 4 Day 25 Age Y. M. D. Still born Native of Md Occupation

Male | White | ~~Married~~ | ~~Widow~~ | Divorced

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Still born.

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Howard R. Hopkins.

Address Queenstown.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Buried by under-
taker. by Bennett.

Name In Full — Charlathe Wilkins

Certificate of Death

Died at — Town: Centreville — County: Queen Anne — MARYLAND

Date 1901 — Month: 4 — Day: 23 — Age: Y. 1, M. 1, D. 15 — Native of: Md — Occupation: nursing

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband / Wife of — ———

Father's Name: Alx Wilkins — Mother's Maiden Name: Priscilla Galloway

Cause of Death — Primary: Intussusception of the bowels — How long sick: 2 days

Immediate: Exhaustion — 108 — Accident, Suicide, Homicide

Reported by: J. M. Worden

Address: Centreville, Queen Anne

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898